

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 413)

SERIAL NO.  
10704591  
APPLICANT

FILING DATE

99-06-30 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
3				1		
4				1		
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50						
TOTAL NO.			3			
TOTAL OFF.			8			
TOTAL			11			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
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